

After School Program Application Form / Agreement



416-602-4875



7325B Woodbine Ave. Markham On.
www.CunninghamTaekwondo.com
cunninghamtaekwondo@gmail.com

Section 1 - Parent / Guardian Information

Date: _____

Parent / Legal Guardian: _____ Relationship: _____

Address _____ City: _____ Postal Code: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Email Address: _____

Other Parent / Legal Guardian: _____ Relationship: _____

Address: _____ City: _____ Postal Code: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Email Address: _____

In Case of Emergency, contact: _____ Phone: _____

Only the following people will be allowed to pick up my child without written permission:

Section 2 - Student Information

Given Name: _____ Goes By: _____

Date of Birth (mm/dd/yy): ____/____/____ Grade: _____ Dismissal Time: _____

School: _____ Teachers Name: _____

Allergies: _____

Medical Conditions: _____

Section 3 - Payment Information

Program Start Date: _____ Program End Date: _____

Full Time Part Time Please circle days of attendance: Mon Tue Wed Thu Fri

At the rate of \$ _____ Per week Per day Other (please specify): _____

Payment Amount Per Period: \$ _____ Note: _____

Forms of Payment: Interact (e-file transfer) Cheque Other

Received Post Dated Cheques: Yes No **Note: A fee of \$25.00 will be charged for any NSF Cheque.**

Parent/ Guardian Signature: _____